

Application to Consolidate a Water Share

Application Number:

WEC 1 5 5 9 8 0

Form 6

Application for Minister's approval to consolidate water shares (under section 33Z(1) and section 33TA of the *Water Act 1989*)

1. Please identify the Water Share Identification Numbers to be consolidated and their respective volumes.

i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
ii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
iii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
iv.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
v.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
vi.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
vii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
viii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
ix.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
x.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ML
Total Volume of all Water Share Holdings:									<input type="text"/>	ML

LODGING PARTY (if applicable)

The lodging party may be a broker or solicitor coordinating the application. Complete this section for the lodging party to receive correspondence.

GIVEN NAME(S)

SURNAME

<input type="text"/>	<input type="text"/>
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Postal Address:

Party ID

P

T

Y

Phone Number

e-Mail:

OFFICE USE ONLY:

May 2014

Form 6

Application Number:

WEC 1 5 5 9 8 0

TO BE COMPLETED BY APPLICANT(S)

GIVEN NAME(S)	SURNAME	SIGNATURE
i.		
Postal Address:		
Phone Number:	e-Mail:	
ii.		
Postal Address:		
Phone Number:	e-Mail:	
iii.		
Postal Address:		
Phone Number:	e-Mail:	
iv.		
Postal Address:		
Phone Number:	e-Mail:	

Dated

TO BE COMPLETED IF ANY APPLICANT OR LAND OWNER IS A COMPANY

Please ensure you attach an ASIC company extract that is not more than 12 months old. Signature(s) must be in accordance with the company extract.

1. Name of Company ABN

Postal Address:

Dated

GIVEN NAME(S)	SURNAME	SIGNATURE	POSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name of Company ABN

Postal Address:

Dated

GIVEN NAME(S)	SURNAME	SIGNATURE	POSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>